



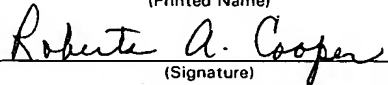
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Atty. Dkt. No. 039153-0325

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

83
Applicant: Babcock et al.
Title: PHASE-SHIFTING MASK WITH
TRENCHES HAVING MULTIPLE
DEPTHS
Appl. No.: 10/047,610
Filing Date: 01/16/2002
Examiner: Stephen D. Rosasco
Art Unit: 1756

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 431586365 US	04/15/04
(Express Mail Label Number)	(Date of Deposit)
Roberta A. Cooper (Printed Name)	
 (Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated January 21, 2004, and the Advisory Action dated April 9, 2004, of the Examiner finally rejecting Claims 1-14.

- ☒ [X] Notice of Appeal Fee
☒ [X] To be paid as detailed below
☐ [] Not required (Fee paid in prior appeal)

04/19/2004 JBALINAH 00000136 10047610

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330.00 DP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$330.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):	\$0.00
	TOTAL FEE:	\$330.00

☐ Please charge Deposit Account No. 06-1447 in the amount of \$330.00 . A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$330.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 4/15/04

By 

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